FOOD STAMP PROGRAM REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. Retain a copy of the FS 24 for your records. For counties asking for policy interpretations, submit the question directly to a FRAT representative via e-mail. For other organizations (e.g., Quality Control, Administrative Law Judges), submit questions directly to the Food Stamp Policy Implementation Unit or Employment and Special Projects Unit representative via e-mail.

1. RESPONSE NEEDED DUE TO:

| DATE OF REQUEST: | NEEDED DUE TO: | See The Property of the P

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1.	RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation	5.	DA	ATE OF REQUEST:		NEED RESPONSE BY:	
	☐ QC Fair Hearing	6.	CC	OUNTY/ORGANIZATI	ON:		
	Immediate Need/Emergency Services Other:	7.	Sl	JBJECT:			
2.	REQUESTOR NAME:	8.	REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).				
3.	PHONE NO.:						
4.	REGULATION CITE(S):						
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARIT	TY):					
10.	REQUESTOR'S PROPOSED ANSWER:						
11.	FRAT RESPONSE TO COUNTY QUESTION:						
12.	2. STATE POLICY RESPONSE (FSPIU USE ONLY):						
	FOR FRAT USE						
DAT	E RECEIVED:	DATE RESPONDED TO C	OUN	ΓY:	DATE FORW	ARDED TO STATE:	